

From: Kristie.marks@associatedclaimsinc.com
Sent: Friday, August 16, 2013 10:51 AM
To: Holm, Jonna
Cc: Noonan, Linda
Subject: Claim #PB1200037375 for Insured: Shadid Received



Associated Claims Management, Inc.
510 E. 1st Street
Oakboro, NC 28129
Phone: 704-485-8975
Fax: 704-973-9303
Tax ID #: 84-1684831

Aspen Specialty Insurance Management
125 Summer Street
Suite 300
Boston, MA 02110

ATTENTION: Jonna Holm

ACKNOWLEDGEMENT OF ASSIGNMENT

CLAIM INFORMATION

INSURED: Shadid, Charles
POLICY #: PRAAJM212
OUR FILE #: 13-11014
CLAIM #: PB1200037375
ADJUSTER: Kenneth Smith
LOSS DATE: 5/31/2013

This assignment was received from your office on 8/16/2013.

Thank you for this assignment.
Please contact the undersigned if you have any questions or special instructions.
We value your business and look forward to serving you in the future.

Sincerely,



Kenneth Smith

704-290-8038

ken.smith@associatedclaimsinc.com